

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12561

FILED MAR 24 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2460

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 9 days		d. STREET ADDRESS (If rural, give location) 6242 Southwood Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			
3. NAME OF DECEASED (Type or Print) Pansy		4. DATE OF DEATH (Month) (Day) (Year) 3 - 3 - 1953	
a. (First)		b. (Middle) Burg	
c. (Last) Wulff			
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 - 1 - 1885
9. AGE (In years last birthday) 67	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis Burg	13b. MOTHER'S MAIDEN NAME Emma C. Lewis	14. NAME OF HUSBAND OR WIFE Hans Wulff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mr. Hans Wulff, 6242 Southwood Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ch. Myocarditis</i> ANTECEDENT CAUSES <i>Ch. Nephritis</i> <i>arteriosclerosis</i> DUE TO (b) DUE TO (c)			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from Jan 2, 1953, to Mar 3, 1953, that I last saw the deceased alive on Mar 3, 1953, and that death occurred at 10:47 P., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Joseph E. Canby M.D.</i>		23b. ADDRESS <i>906 Olive</i>	23c. DATE SIGNED 3-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/6/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
DATE REC'D BY LOCAL REG. MAR 5 1953	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral 1905 Union Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Joseph Carney
Frisco Bldg.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.